

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 01/17/02  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Passive Flow Control Devices for Implantable  
Pumps  
Attorney Docket Number:: 11738.00052  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name::  
Family Name:: Rogers  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 7433 Fernbrook Ln. N  
City of mailing address:: Maple Grove  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Warren  
Middle Name::  
Family Name:: Starkebaum  
Name Suffix::  
City of Residence:: Plymouth  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 4230 Trenton Lane  
City of mailing address:: Plymouth

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55442

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Raymond

Middle Name::

Family Name:: McMullen

Name Suffix::

City of Residence:: Shorewood

State or Province of Residence:: Minnesota

Country of Residence:: USA

Street of mailing address:: 6055 Maple Leaf Circle

City of mailing address:: Shorewood

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55331

## Correspondence Information

Correspondence Customer Number:: 22908

## Representative Information

Representative Customer Number:: 22908

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/303,004	04/30/99


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Medtronic, Inc.  
 Street of mailing address:: 710 Medtronic Parkway NE  
 City of mailing address:: Minneapolis  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55432-5604